

REQUEST FOR LEAVE OF ABSENCE (HIATUS)

Students may request an official leave of absence from Calvin College for a specific academic term. Securing a leave of absence will preserve your student status as of the time you begin your leave and will eliminate any re-application process or paperwork when you return. If this application is approved, you will maintain access to your WebMail, KnightVision, and KnightVision-Plus accounts throughout the duration of your hiatus. Calvin will NOT consider you to be an active student during this time and therefore will not honor any enrollment verification requests submitted on your behalf. To be eligible for a leave of absence, you must be in good academic standing with the college. Students on academic probation are not eligible and will instead be encouraged to reapply for admission when ready to return.

A leave of absence is approved only in exceptional circumstances. Exceptional circumstances that generally merit consideration include:

- ◆ Medical need(s).
- ◆ Participation in an off-campus program that is not endorsed or approved by Calvin College.
- ◆ Compassionate reasons affecting immediate family.
- ◆ Reserve military service training.
- ◆ Course(s) needed for graduation will not be offered until a future term.

This request will not be honored for students planning to take courses at another institution during their leave.

Please submit this application to the Office of the Registrar before the requested hiatus is scheduled to begin. The registrar's office will contact you with the status of your application by email soon after this form is submitted.

Student Information

Name: _____ Student Number: _____

Current Local Address: _____ City: _____ Zip Code: _____

Calvin Email Address: _____ Local Phone Number: _____

Current Cumulative GPA: _____

Leave of Absence (Hiatus) Information

Hiatus term(s) (e.g. 07/FA): _____ Begin hiatus status on this date: _____ End hiatus status on this date: _____

Address while on hiatus (if known): _____

Briefly summarize your reason for requesting a leave of absence from Calvin College:

Signature

I will re-register for the _____ semester during my scheduled registration time. I understand that if I do not register at this time, my hiatus status could expire and I may be asked to apply for re-admission to Calvin College. I also understand that I will not be officially enrolled at Calvin and will not receive any financial aid during this time.

Student's Signature: _____ Signature Date: _____

APPROVAL: Registrar/Associate Signature _____ Date _____